

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01881

FILED
Apr 14, 2017
Secretary of State
CC7090954683

Entity Name: WINDSTAR ON NAPLES BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113

Current Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT SVC
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

FEI Number: 65-0071194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ORLANDO MISERANDINO ORTIZ

04/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ZAUMEYER, DAVID
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title PRESIDENT
Name RAZZANO, PASQUALE
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title TREASURER
Name MCDONNELL, JAMES
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name BUTTON, ROBERT J.
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name GOMSAK, PETER
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title VP
Name LLOYD, JOHN
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name KRAUS, TIMOTHY
Address C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name VENGROW, REGINA
Address 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PASQUALE RAZZANO

PRESIDENT

04/14/2017

Officer/Director Detail Continued :

Title DIRECTOR
Name MACLEOD, ROBERT
Address 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113